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ICt and Advanced Nursing  
to Reconsider learning Outcomes

# *Talking about Leadership*

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# Skills profiles

## Skills profile according to **CanMeds model**

### Skills profile according to **Hamric model**

- Direct care in clinical practice
  - Coaching
  - Consulting
  - Evidence based
- Interprofessional collaboration
- Ethical/clinical decision making
  - **Leadership**

Royal College. (2017). The CanMEDS Framework. Available: <https://www.royalcollege.ca/en/standards-and-accreditation/canmeds.html>.

Tracy, M. F., & O'Grady, E. T. (2019). Hamric and Hanson's: Advanced Practice Nursing. An integrative approach (6th ed.). St. Louis: Elsevier.



# "Leadership is the capacity to lead"

- It is a complex process (composed of several actions and moments), not necessarily unidirectional (leader commands followers and they suffer).
- the leadership process influences someone, a group, perhaps a system and organisation
  - It is exercised within a group with goals (shared or not, depending on whether it is an old or new concept).

Koloroutis, M. (2015). Relationship-based care: a model for transforming clinical practice (Y. Willems Cavalli, transl.). Milan: Ambrosiana Publishing House, p. 41.



# Leadership (old view)

The old leader:

- is a man
- knows how to lead
- tells what needs to be done
  - maintains stability
  - creates the vision
- has all the answers



# Clinical leadership

It is easy to think of nurse leaders as those in administrative positions or conducting bedside research, but the reality is that nursing leadership can take on many roles through a variety of different nursing positions, from generalist to certified to advanced practice.

"Do you promote optimal patient outcomes, advocate for patients voices, and implement change?

Then you're a nurse leader!

Leadership is about influencing change and improvement, inspiring those around you."

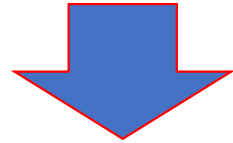
Wiley, K. (2018). Leadership in Nursing Takes Many Forms. <https://voice.ons.org/news-and-views/leadership-in-nursing-takes-many-forms>. [2.01.2023].

What's the different between clinical leadership and management?

The goal of clinical leadership is the best clinical outcomes; while the goal of management is the best organisational results.

The common goal is the patient.

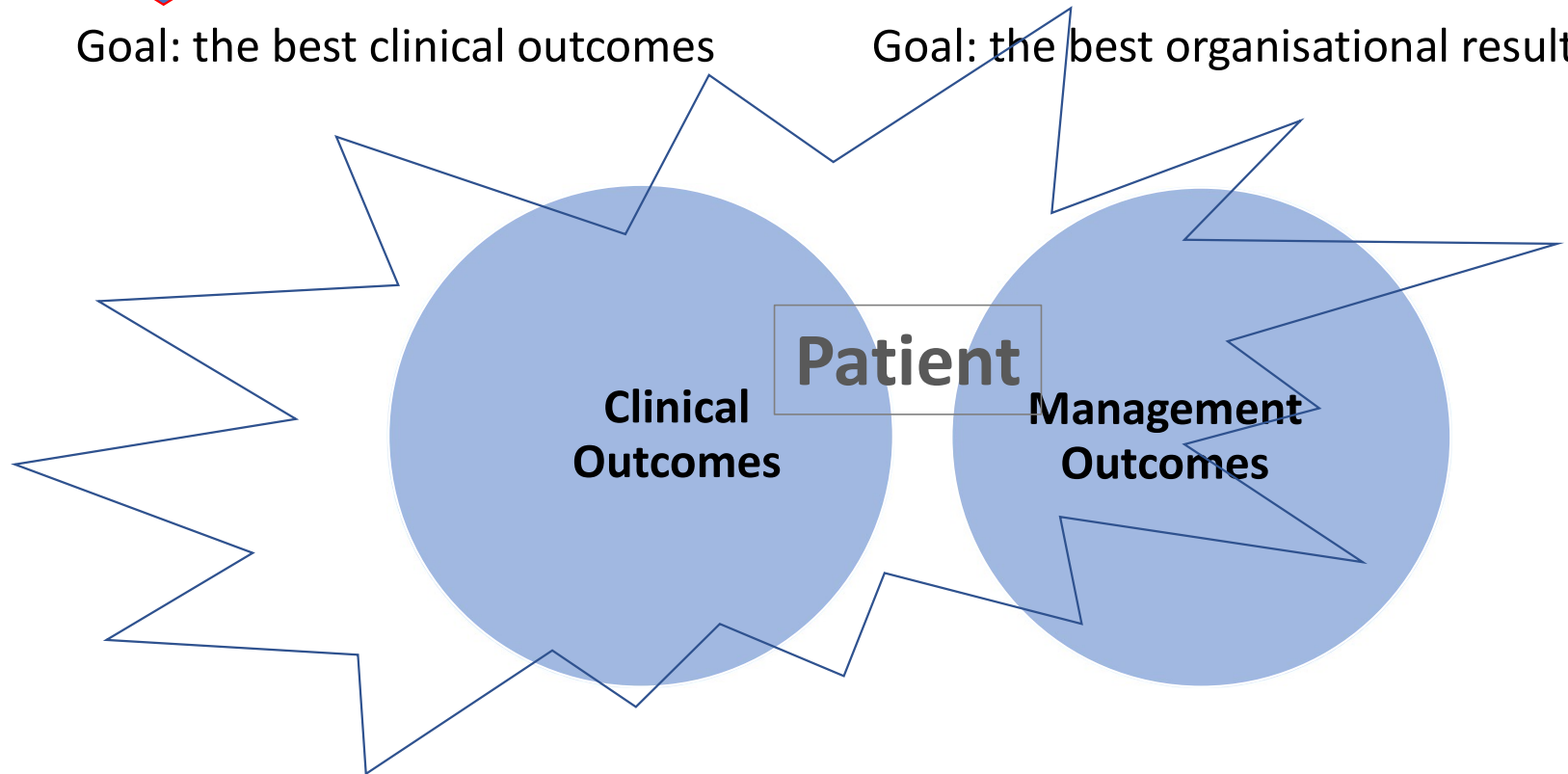
## Clinical Leadership Vs Leadership & Management



Goal: the best clinical outcomes



Goal: the best organisational results







# Evolution of leadership theory

Over time two predominant views:  
transactional Vs transformational

- Burns (1978): transformational leaders are against transactional leaders.

Burns, J. M. (1978). Leadership. New York: Harper & Row.

- Bass (1990) develops the transformational paradigm from the ideas of Burns

Bass, B. M. (1990). From Transactional to transformational leadership: Learning to share the vision. *Organizational Dynamics*, 18 (3), 19-31. [https://doi.org/10.1016/0090-2616\(90\)90061-S](https://doi.org/10.1016/0090-2616(90)90061-S).





# Comparison between Transformational and Transactional Leadership



Transactional leaders gain collaboration through exchanges and transactions with followers, controlling their performance, and centralising power over themselves.

Definition of Transactional leadership:

- Based on 'transactions'
  - Execution of tasks
  - Reward or punishment
- Often induces mediocrity
- No growth in employees

Bass, B. M. (1990). From Transactional to transformational leadership: Learning to share the vision. *Organizational Dynamics*, 18 (3), 19-31. [https://doi.org/10.1016/0090-2616\(90\)90061-S](https://doi.org/10.1016/0090-2616(90)90061-S).



# Definition of transformational leadership

"Transformational leadership occurs when one or more persons engage with others in such a way that leaders and followers raise one another to higher levels of motivation and morality."

Burns, J. M. (1978). Leadership. New York: Harper & Row.



Transformational leaders gain collaboration by inspiring followers and pushing them to identify with a vision beyond their immediate interests.

There has been an evolution in leadership theory and styles over the years, which has implications for how to lead transformational change. The move from transactional to transformational leadership originated with the work of Max Weber and evolved with James MacGregor Burns and Bernard Bass. Definitions of relational leadership vary. However, in this context, it is represented on a continuum of transactional (what is in it for me), to relational (what is in it for us), to transformational (what is in it for the people we serve).

The Transactional, Relational, Transformational Leadership Continuum on this page gives us a way to look at the different leaders.

Transactional leadership emphasizes rewards and sanctions. Conformity to organizational goals results in rewards; it is externally driven, in that power is outside the individual. It is about pay and benefits. "What's in it for me?" drives change.

Relational leadership places the morale and comfort of the team as the top priority, sometimes at the expense of others. In the extreme, the needs of the patients and families being served are secondary to the happiness of the team. "What's in it for us?" drives change.

Transformational leadership appeals to our higher ideals to achieve our shared purpose. "What's in it for those we serve?" drives change.

Now mark where you see yourself on the continuum and where you see your unit or department.

# Leadership continuum according to Burn-Weber-Bass

## **Transational**

- Focus on self;
- Using self-interest to achieve results;
- Use of rewards and sanctions;
- Driven by goals, structure, culture, and norms of the existing organization.

## **Relational**

- Focus on team;
- Sensitivity to each other's feelings and wants;
- The working climate of the care unit/team comes first and drives decision-making and achievement of results.

## **Transformational**

- Focus on the people we care for;
- Inspired by clear and shared purposes;
- Appeals to higher ideals;
- Defining values;
- Raises awareness so that commitment to accountability and actions are purposeful.

# Evolution of leadership theory

Numerous theories of leadership have developed over the past decade. Some studies have also tried to find similarities and differences among them through the use of network analysis.

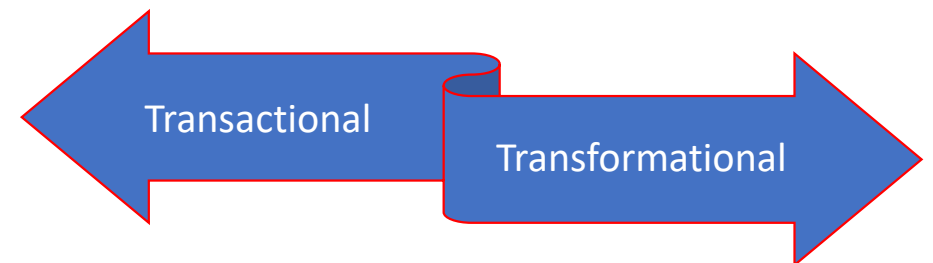


Meuser, J. D., Gardner, W. L., Dinh, J. E., Hu, J., Liden, R. C., & Lord, R. G. (2016). A Network Analysis of Leadership Theory: The Infancy of Integration. *Journal of Management*, 42 (5), 1374-1403. DOI: 10.1177/0149206316647099



# Leadership continuum

Burns' & Bass' Continuum: from transformational to transactional style



While Burns (1978) views transformational and transactional leadership as two opposite polarities, Bass (1990) believes that the same leader can be both of one type and the other and proposes a theory in which leadership is presented as a continuum from transactional to transformational style.

Bass, B. M. (1990). From Transactional to transformational leadership: Learning to share the vision. *Organizational Dynamics*, 18 (3), 19-31. [https://doi.org/10.1016/0090-2616\(90\)90061-S](https://doi.org/10.1016/0090-2616(90)90061-S).

Burns, J. M. (1978). *Leadership*. New York: Harper & Row.





## EXERCISE

What do you think are the challenges for a nursing leader?

- ☐ The reduction of costs?
- ☐ The delivery of high-quality, evidence-based care?
- ☐ Other pandemics?
- ☐ How to deal with other situations such as the Covid pandemic?
- ☐ Other ...

# Challenges and importance of nursing leadership

to deal with them

The Paradoxes & the challenges of Nursing Leadership	
QUALITY	LESS COSTS
DO MORE	LESS RESOURCES
COMPETITION	COLLABORATION
ENERGY	KEEP CALM
PROMOTING NURSING CARE	ORGANISATION GOALS

# Challenges and importance of nursing leadership

According to the American organisation for nursing leadership, the nursing leadership is important to transform health care through expert and influential leadership and is a one voice advancing health for all. The strategic priorities for nursing leaders from 2022 to 2024 are these ones:

## 2022-2024 Strategic Priorities



### Lead, influence and support the health care workforce.

#### Objectives

- Prepare and engage a diverse nursing workforce for emerging models of care.
- Promote healthy practice environments to engage nurses and support resilience and well-being.
- Strengthen nurse leaders' career progression and succession planning.
- Champion the optimal use of the workforce.



### Improve health through advocacy.

#### Objectives

- Advance policies to optimize health outcomes and well-being of communities.
- Influence policy development through elevating thought leaders within and beyond nursing.
- Achieve advocacy outcomes by mobilizing diverse change agents.



### Advance nursing leadership.

#### Objectives

- Guide and advance nursing leadership competencies.
- Create and deliver innovative leadership development opportunities for all levels of nurse leaders.
- Lead and engage in interprofessional learning and development to drive collaborative action and outcomes



### Advance and promote value-informed health care.

#### Objectives

- Define and quantify the economic value of nursing.
- Articulate nursing's role in improving efficiency and effectiveness of health care.
- Catalyze the design and application of emerging care delivery models for breakthroughs in value.



### Unite nurses to achieve health equity.

#### Objectives

- Develop equity-minded leaders with skills to build inclusive workplaces.
- Champion diversity and belonging of nursing leaders and the overall workforce.
- Amplify the unique voice of nurse leaders who promote health equity, diversity and belonging in our communities.

AONL [American Organisation for Nursing Leadership]. (2021). AONL Strategic Plan 2022-2024.

<https://www.aonl.org/system/files/media/file/2022/01/AONL%20Strategic%20Plan%202022-2024.pdf> [3.01.2024].



# Challenges & strategies for the nurse leader

- Recruitment, turnover & retention
- Professional & leadership development, introduction of new roles (e.g. APN)
- Development of a culture of inquiry in partnerships with universities
- Create conditions for nurses "at the front line" to work in a safe, high-quality, positive and satisfying environment for their clinical practice and for taking care of patients, caregivers and families
- Motivate employees/care providers and increase resilience

AONL [American Organisation for Nursing Leadership]. (2023). Nursing Leadership Workforce Compendium.  
[https://www.aonl.org/system/files/media/file/2023/08/AONL\\_WorkforceCompendium.pdf](https://www.aonl.org/system/files/media/file/2023/08/AONL_WorkforceCompendium.pdf) [3.01.2024].





# Challenges & strategies for the nurse leader

Improving the <b>process related to recruitment and hiring</b> of nurses	Increasing the <b>practice readiness</b> of nurses as they transition from students to novice nurses	Increasing the <b>quantity</b> of nurses in the pipeline
<p>#1 MOST COMMON RESPONSE</p> <ul style="list-style-type: none"><li>❑ <b>Expedite Processing Times:</b> shorten time between applications, interviews, offers (including day of), and start dates</li><li>❑ <b>Increase Nurse Leader Involvement:</b> expand role in screening and interviewing, consider peer interviews</li><li>❑ <b>Strengthen Relationships with Recruiters:</b> ensure they're clear on role requirements to improve screening</li></ul>	<ul style="list-style-type: none"><li>❑ <b>Mentorship Programs</b></li><li>❑ <b>Nurse Residency Programs</b></li><li>❑ <b>Preceptors</b></li><li>❑ <b>Robust Onboarding &amp; Orientation</b></li><li>❑ <b>Externships</b></li></ul>	<p>#1 MOST COMMON RESPONSE</p> <ul style="list-style-type: none"><li>❑ <b>Academic Partnerships:</b> formalize relationships with local nursing schools and universities, including acting as clinical faculty</li><li>❑ <b>Community Outreach:</b> work with communities and high schools to engage a younger audience in nursing careers</li></ul>
<p>"Streamline the interview process, have recruiters that are knowledgeable of the work they are recruiting for, etc."</p> <p>AGREE SCORE! 73%</p>	<p>"Residency programs. Strong orientation also helps - but that starts with having effective preceptors and strong nurse educators."</p> <p>AGREE SCORE! 78%</p>	<p>"Collaboration with local universities - recruit students into the profession.... not just recruiting nurses to your organization."</p> <p>AGREE SCORE! 77%</p>

AONL [American Organisation for Nursing Leadership]. (2023). Nursing Leadership Workforce Compendium. [https://www.aonl.org/system/files/media/file/2023/08/AONL\\_WorkforceCompendium.pdf](https://www.aonl.org/system/files/media/file/2023/08/AONL_WorkforceCompendium.pdf) [3.01.2024].







# Challenges & strategies for the nurse leader

 <b>REDUCE ADMINISTRATIVE "NON-NURSING" TASKS</b>	 <b>ADDRESS "ALWAYS ON" EXPECTATIONS</b>	 <b>DECREASE TIME SPENT IN MEETINGS</b>	 <b>DEDICATE TIME TO RECOGNITION &amp; TEAM BUILDING</b>
Reduce time spent on "non-clinical" and "non-value add" tasks by increasing support staff	Allow nurse leaders to disconnect worry-free while they're off, remove expectation of 24/7 accessibility	Decrease meetings, as many are perceived as "meaningless" "unnecessary" and "redundant"	Create and protect time to engage with their teams, give recognition, and build connections
<p>"Remove administrative <b>tasks that don't require a leader or nurse</b> to complete." <small>AGREE SCORE! 71%</small></p> <p>"Remove <b>non-nurse related tasks</b> and create business partners to assist." <small>AGREE SCORE! 71%</small></p> <p>"Redefine what tasks really are needed and <b>get rid of the rest.</b>" <small>AGREE SCORE! 70%</small></p> <p>"Hire a scheduler to do <b>staffing</b> so I can spend more time with staff and patients." <small>AGREE SCORE! 70%</small></p>	<p>"Stop making everything urgent and <b>accurately prioritize</b>, stop expecting leaders to be active 16 hours" <small>AGREE SCORE! 73%</small></p> <p>"Flexible schedules with coverage on their days off- <b>no unofficial "on call."</b>" <small>AGREE SCORE! 72%</small></p> <p>"On-call support to <b>allow managers to fully disconnect</b> when they're off." <small>AGREE SCORE! 71%</small></p> <p>"Limit hours to <b>no more than 9 hr/day</b>. Require leaders to take days off and vacation" <small>AGREE SCORE! 70%</small></p>	<p>"Set expectations around after hours, <b>don't schedule meetings after 5 pm</b>" <small>AGREE SCORE! 76%</small></p> <p>"<b>Block times in calendar</b> for no meetings" <small>AGREE SCORE! 74%</small></p> <p>"<b>Stop the unnecessary meetings</b>, create inspirational time together, Sr Leader rounding." <small>AGREE SCORE! 73%</small></p> <p>"Appropriate staffing; EHR assistance; <b>reduce meaningless meetings.</b>" <small>AGREE SCORE! 72%</small></p>	<p>"Protected time to work on <b>recognition for staff.</b>" <small>AGREE SCORE! 72%</small></p> <p>"Allow time for <b>team building.</b>" <small>AGREE SCORE! 71%</small></p> <p>"Meaningful recognition program for <b>peer to peer.</b>" <small>AGREE SCORE! 70%</small></p> <p>"Dedicated recognition program specifically <b>for nursing leaders.</b>" <small>AGREE SCORE! 69%</small></p>

AONL [American Organisation for Nursing Leadership]. (2023). Nursing Leadership Workforce Compendium. [https://www.aonl.org/system/files/media/file/2023/08/AONL\\_WorkforceCompendium.pdf](https://www.aonl.org/system/files/media/file/2023/08/AONL_WorkforceCompendium.pdf) [3.01.2024].

# Challenges & strategies for the nurse leader

 <b>OPEN COMMUNICATION</b>	<p><b>“Openness in communication,</b> willingness to listen, having them be visible to the teams.”</p> <p>AGREE SCORE: <b>90%</b></p>	<p><b>“Open communication,</b> transparency, feeling of teamwork.”</p> <p>AGREE SCORE: <b>90%</b></p>
 <b>OPEN TO NEW IDEAS</b>	<p>“Willingness to listen, <b>open to new ideas,</b> freedom to make decisions.”</p> <p>AGREE SCORE: <b>90%</b></p>	<p>“Strong and consistent communication, always available and <b>open to new ideas.</b>”</p> <p>AGREE SCORE: <b>89%</b></p>
 <b>BEING PRESENT &amp; ACCESSIBLE</b>	<p><b>“Time interacting with them</b> and proper staffing support.”</p> <p>AGREE SCORE: <b>89%</b></p>	<p><b>“Rounding and speaking with staff. Being present</b> and offering assistance. Being honest.”</p> <p>AGREE SCORE: <b>89%</b></p>
 <b>LISTENING &amp; CARING</b>	<p>“Open, <b>caring and engaged. They listen and support.</b>”</p> <p>AGREE SCORE: <b>90%</b></p>	<p><b>“Willingness to listen,</b> open to new ideas, freedom to make decisions.”</p> <p>AGREE SCORE: <b>90%</b></p>

AONL [American Organisation for Nursing Leadership]. (2023). Nursing Leadership Workforce Compendium. [https://www.aonl.org/system/files/media/file/2023/08/AONL\\_WorkforceCompendium.pdf](https://www.aonl.org/system/files/media/file/2023/08/AONL_WorkforceCompendium.pdf) [3.01.2024].



# Challenges & strategies for the nurse leader

How do you influence decision-making within your department across systems and power structures?



AONL [American Organisation for Nursing Leadership]. (2023). Nursing Leadership Workforce Compendium. [https://www.aonl.org/system/files/media/file/2023/08/AONL\\_WorkforceCompendium.pdf](https://www.aonl.org/system/files/media/file/2023/08/AONL_WorkforceCompendium.pdf) [3.01.2024].



What do you think are characteristics and skills of a modern leader?



# Characteristics/skills of a modern leader

A modern leader has to demonstrate not only technical skills but also interpersonal and life/soft skills, a critical and positive thinking

©Creative Health Care Management. (2021). Leading an Empowered Organisation. <https://chcm.com/solutions/leading-an-empowered-organization/> [2.01.2024].



# Characteristics/skills of a modern leader

In a study conducted by Jayne Felgen and Pamela Schmid on a group of leaders, the following skills were found:

- Strategists
- Visionaries
- Analytical
- Beware of cost
- Team-centred.

Felgen & Schmid in Koloroutis, M., & Abelson, D. (2017). Advancing Relationship-based cultures. Minneapolis: Creative Health Care Management, p. 105-127).

# Characteristics/skills of a modern leader

The leaders interviewed had in common:  
Each of them had a mentor (formal or informal) as a good example creates generations of leaders.

Each stated that they appreciated the values of authenticity, integrity, inspiration, **vulnerability** and humility in other leaders and that they wanted to integrate these values into their leadership.

Each recognised the importance of interconnection with others-"this affects all of us".

Each quoted someone else who had seen something in them that they did not know they had.

"Loving' leaders are always aware that they are not just treating patients and their families. They see themselves as guarantors of the welfare of their staff.

They value each individual's contribution.

Felgen & Schmid *in* Koloroutis, M., & Abelson, D. (2017). Advancing Relationship-based cultures. Minneapolis: Creative Health Care Management, p. 105-127).



# Characteristics/skills of a modern leader

Competence to face the challenges:

- Leading yourself
- Leading others
- Leading the organisation



Koloroutis, M., & Abelson, D. (2017). Advancing Relationship-based cultures. Minneapolis: Creative Health Care Management.

# Characteristics/skills of a modern leader

Model of leadership skills/competencies to face the challenges made by "Healthcare Leadership Alliance.

Leadership is in the core of the model; the skills are not only technical skills but also life skills.



Stefl, M. E. (2008). Common Competencies for All Healthcare Managers: The Healthcare Leadership Alliance Model. *Journal of Healthcare Management*, 53 (6), 360-374.

<http://www.healthcareleadershipalliance.org/Common%20Competencies%20for%20All%20Healthcare%20Managers.pdf> [2.01.2023].



# The characteristics/skills of a modern leader

## VULNERABILITY as a force

Vulnerability is a leader trait that helps to lead more authentically.  
Suggested related video:

[https://www.ted.com/talks/brene\\_brown\\_the\\_power\\_of\\_vulnerability?  
language=it#t-8025](https://www.ted.com/talks/brene_brown_the_power_of_vulnerability?language=it#t-8025)

<https://daretolead.brenebrown.com/>

[https://www.youtube.com/watch?v=fS2XK\\_7tAwk](https://www.youtube.com/watch?v=fS2XK_7tAwk)

Brown, B. (2010). The power of vulnerability.

[https://www.ted.com/talks/brene\\_brown\\_the\\_power\\_of\\_vulnerability?language=it#t-8025](https://www.ted.com/talks/brene_brown_the_power_of_vulnerability?language=it#t-8025) [3.01.2024].





# Caring leadership

It is an approach used within the healthcare organisation to motivate staff, foster a culture of safety, improve quality and outcomes in patient care, and foster caregiver loyalty and resilience through a proactive and dedicated leadership style.

Press Ganey. (2020). Caregiver Burnout, Resilience and Engagement Solutions.  
<https://www.pressganey.com/solutions/workforce-engagement> [3.01.2024].

This is not a new concept Greenleaf (1991)  
It is a key ingredient for leaders who want to promote a positive culture in patient care  
Leaders with vision who love their work and the people they work with **inspire** others to do their best  
ANA (2018)

Caring leadership is essential in creating a caring and healing environment.

Koloroutis, M. et al. (2016). Re-Igniting the Spirit of Caring. Minneapolis: Creative Health Care Management.



# Caring leadership

The dominant skills of the caring leader include being emotionally present, credible and coherent and implementing the four therapeutic practices of attuning, wondering, following and holding.

Setting high standards and expectations

Being optimistic

Listen to

Giving feedback and publicly acknowledging a job well done

Communicating to people the importance of their work

Teaching and accompanying, leading others by example

Koloroutis, M., & Abelson, D. (2017). Advancing Relationship-based cultures. Minneapolis: Creative Health Care Management

# Caring leadership

The 4 therapeutic practices in leadership are:

- 1) ATTUNING** means “tuning in” to people exactly where they are, it is a thing you can do that helps you to simply be, authentic.
- 2) WONDERING** is the practice of discovery with a curiosity and genuine interest in the other. Learning about the person is fundamental to care with safe and quality. Wondering about what is causing a person’s behavior helps you be non-judgmental.
- 3) FOLLOWING** is the practice of listening to, respecting, and acting on what we learn from our patients and their families. It means being guided by what matters to the patient and family.
- 4) HOLDING** means creating a safe place for healing in which people feel accepted and cured with dignity and respect. It means that we are devoted to our patients, talking well and with respect about patients and families.



# The Caring Leader

*Caring means «taking care» of the person*

Caring Leader:

- cares with-passion
- is emotionally present
  - listens carefully
  - speaks with intention
- is aware of the impact he/she has on the group.

# The Caring Leader

Kristen Swanson was a nurse researcher and a middle range theorist that she identified in her work the Five Caring Processes which provide caregivers for caring and therapeutic interactions.

These five processes provide the philosophical foundation for establishing a respectful, caring relationship with the patient and family.

Maintaining belief: a fundamental belief in persons and their capacity to make it

Knowing: understanding the live of others and the situations

Being with: being present and emotionally accessible to others

Doing for: doing for others what they would do for themselves

Enabling/Informing: Guiding, supporting, advocating, empowering

Swanson (1991) in Koloroutis, M. et al. (2016). Re-Igniting the Spirit of Caring. Minneapolis: Creative Health Care Management.





# Non-hierarchical leadership

Non-hierarchical leadership is the “key to stop disempowering discourses and practices against nurses” (Daiki *in* Eisler & Potter, 2014).

Collaborative leadership in Partnerships' model “Leader is selected based on the skill-set required by the team's particular needs rather than on the basis of professional hierarchies. Any team member can potentially lead the group.”

Vision: power **to** and power **with** rather than power **over**.



The first question is: how can we work well together to solve problems?





# Non-hierarchical leadership

The levels for working together

- 1) Tolerance
- 2) Coordination
- 3) Cooperation
- 4) Collaboration

And it is only through **collaboration** that no professional group dominates the other, but also with mutual **respect and tolerance** for differences and similarities, a balanced situation of power/force relations, and a recognition of complementary expertise.

# Non-hierarchical leadership

In non-hierarchical leadership the real challenge is Physician-nurse collaboration from Independence towards hierarchical relationship, form hierarchical relationship towards collegial report, etc.

## From

Independence

Hierarchical relationship

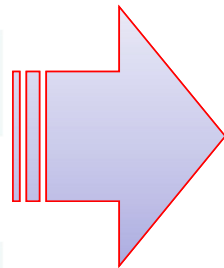
Conducting parallel activities

Medical Plan

Resistance to change

Antagonism

Indirect communication



## Towards

Interdependence

Collegial relationship

Teamwork

Treatment shared plan

Driving change

Partnership

Direct communication

- Sacrificing your position
- Knowing how to make compromises
- Using trust and mutual respect



## Conclusion

### A leader has to...

- Being visible and accessible
  - Being an example
- Seeing the organisation through the eyes of nurses and patients
  - Taking care of your employees
- Have an attitude that expresses support and recognition
  - Being emotionally present

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